

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029706

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 168

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1962

1. PLACE OF DEATH
 a. COUNTY SCOTT
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON Length of stay in lb 1 YR
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION SHUFFITT NURSING HOME Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY SCOTT
 c. CITY OR TOWN ORAN Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) ZENO ADAM HEISSERER
 4. DATE OF DEATH Month Day Year JULY 25 1962
 5. SEX MALE
 6. COLOR OR RACE WHITE
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2/7/1887
 9. AGE (last birthday) 75 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT
 10b. KIND OF BUSINESS OR INDUSTRY GEN'L MERCHANTILE SCOTT COUNTY MO.
 11. BIRTHPLACE (City and state or country) U. S. A
 12. CITIZEN OF WHAT COUNTRY
 13a. FATHER'S NAME VINCENT HEISSERER
 13b. MOTHER'S MAIDEN NAME KATHERINE DIRNBERGER
 13c. NAME OF HUSBAND OR WIFE MAYME T. HEISSERER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
 16. SOCIAL SECURITY NO. [REDACTED]
 17. INFORMANT Address Leroy Heisserer Sikeston, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 5 minutes
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
 DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis.
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 5, 1962 to 7/25/62 and last saw ^{her}him alive on 7/20/62
 Death occurred at 11:15 A on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. D. Urban, M.D. 22b. ADDRESS Sikeston 22c. DATE SIGNED 7/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 7/27/1962 23c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGEL'S 23d. LOCATION (City, town, or county) (State) ORAN MO.

24. FUNERAL DIRECTOR ADDRESS EARL J. SMITH F. H. ORAN, MO. 25. DATE RECD. BY LOCAL REG. Aug 5 - 1962 26. REGISTRAR'S SIGNATURE Jeanette Waldman

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 1 1007
 2 1000
 3
 4 0
 5 1
 6
 7 0
 8 0
 9 4201
 10
 11
 12 86-0
 13 2-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 (INSTEAD OF)
 SHOULD READ
 BY AFFIDAVIT OF

DOCUMENT
 MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carl J. Smith

Licensed Embalmer No. 2676

P. O. Address Orean, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit received July 25 - 1962